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|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------|----------------------------------|-------------------------------------|------------------|--------------|---------------|--------------------------------------------|----------------|--------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECORI                                                                                                                 |                                                                                                                                                                                                                                                                            |                                           |               |                                  |                                     |                  |              |               | Application or Docket Number 9-15497-6US-1 |                |                    |                        |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                              |                                                                                                                                                                                                                                                                            |                                           |               |                                  |                                     |                  | SMALL ENTITY |               |                                            | OR             | OTHER T            |                        |  |  |
| FOR                                                                                                                                                         | •                                                                                                                                                                                                                                                                          | NUME                                      | ER FILED      |                                  | NUMBER                              | R.A              | TE           | FEE           |                                            | RATE           | FEE                |                        |  |  |
|                                                                                                                                                             | SIC FEE<br>CFR 1.16(a))                                                                                                                                                                                                                                                    |                                           |               |                                  |                                     |                  |              |               | \$ <u>385</u>                              | OR             |                    | \$                     |  |  |
|                                                                                                                                                             | AL CLAIMS<br>CFR 1.16(c))                                                                                                                                                                                                                                                  |                                           | 17 minus 20 = |                                  | * 0                                 |                  | x \$_        | 0 =           | 0                                          | OR             | x \$ 9 =           | 0                      |  |  |
|                                                                                                                                                             | EPENDENT CLA<br>CFR 1.16(b))                                                                                                                                                                                                                                               | IMS                                       | minus 3 =     |                                  | *                                   | 0 x _0           |              | 0 =           | 0                                          | OR             | x 42               | 0                      |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                                                                                                           |                                                                                                                                                                                                                                                                            |                                           |               |                                  |                                     |                  |              |               |                                            | OR             | +=                 |                        |  |  |
| * If the difference in column 1 is less then zero, enter "0" in column 2                                                                                    |                                                                                                                                                                                                                                                                            |                                           |               |                                  |                                     |                  | ТО           | TAL           | 385                                        | OR             | TOTAL              | 0                      |  |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                                                |                                                                                                                                                                                                                                                                            |                                           |               |                                  |                                     |                  | SM           | ALL F         | ENTITY                                     | OR             | OTHER T            |                        |  |  |
| AMENDMENT A                                                                                                                                                 |                                                                                                                                                                                                                                                                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NI<br>PRE                        | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA | RATE         |               | ADDI-<br>TIONAL<br>FEE                     |                | RATE               | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                                                                                                             | Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                  | *                                         | Minus         | **                               |                                     | =                | x \$=        | _=            |                                            | OR<br>OR<br>OR | x \$=              |                        |  |  |
|                                                                                                                                                             | Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                            | *                                         | Minus         | ***                              |                                     | =                |              | _=            |                                            |                | x=                 |                        |  |  |
|                                                                                                                                                             | FIRST PRES                                                                                                                                                                                                                                                                 | FIRST PRESENTATION OF MULT                |               |                                  | T CLAIM                             | (37 CFR 1.16(d)) | +_           | _=            |                                            | OR             | +=                 |                        |  |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                            |                                                                                                                                                                                                                                                                            |                                           |               |                                  |                                     |                  | TO<br>ADDIT. | TAL<br>FEE    | 0                                          | OR<br>A        | TOTAL<br>DDIT. FEE | 0                      |  |  |
| AMENDMENT B                                                                                                                                                 |                                                                                                                                                                                                                                                                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | PRE'                             | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA | RA           | те            | ADDI-<br>TIONAL<br>FEE                     | OR<br>OR<br>OR | RATE               | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                                                                                                             | Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                  | *                                         | Minus         | **                               |                                     | =                | x \$_        | _=            |                                            |                | x \$=              |                        |  |  |
|                                                                                                                                                             | Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                            | *                                         | Minus         | ***                              |                                     | =                | x            | _=            |                                            |                | x =                |                        |  |  |
| A                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE                                                                                                                                                                                                                                             |                                           |               | DEPENDENT CLAIM (37 CFR 1.16(d)) |                                     |                  | <b> </b>     | =             |                                            | OR             | +=                 |                        |  |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                            |                                                                                                                                                                                                                                                                            |                                           |               |                                  |                                     |                  |              | OTAL<br>. FEE | 0                                          | ORA            | TOTAL<br>DDIT. FEE | 0                      |  |  |
| AMENDMENT C                                                                                                                                                 |                                                                                                                                                                                                                                                                            | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NI<br>PRE                        | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA | R.A          | TE.           | ADDI-<br>TIONAL<br>FEE                     | OR<br>OR<br>OR | RATE               | ADDI-<br>TIONAL<br>FEE |  |  |
|                                                                                                                                                             | Total<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                  | *                                         | Minus         | **                               |                                     | =                | x \$_        | _=            |                                            |                | x \$=              |                        |  |  |
|                                                                                                                                                             | Independent<br>(37 CFR 1.16(b))                                                                                                                                                                                                                                            | *                                         | Minus         | ***                              |                                     | =                | x            | =             |                                            |                | x=                 |                        |  |  |
| ¥                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CF                                                                                                                                                                                                                      |                                           |               |                                  |                                     | (37 CFR 1.16(d)) | ] [+         | _=            |                                            | OR             | +=                 |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  TOTAL O OR TOTAL O ADDIT. FEE                                        |                                                                                                                                                                                                                                                                            |                                           |               |                                  |                                     |                  |              |               |                                            |                |                    | 0                      |  |  |
| ** If                                                                                                                                                       | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". |                                           |               |                                  |                                     |                  |              |               |                                            |                |                    |                        |  |  |